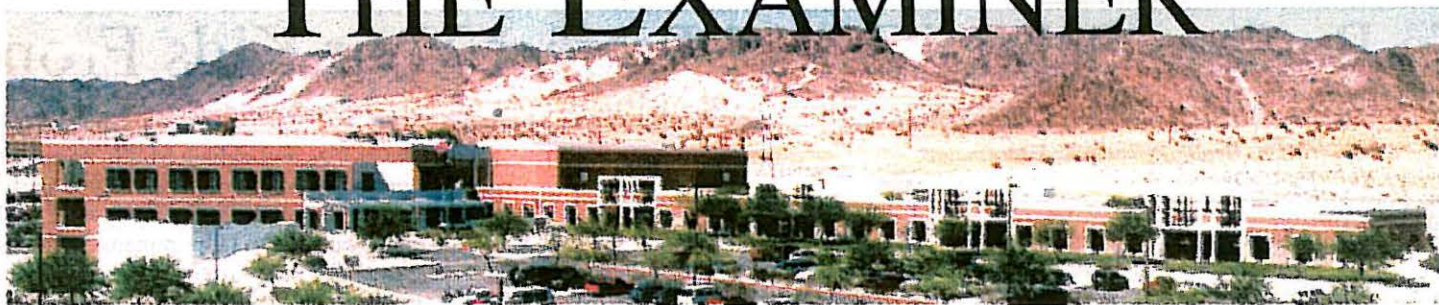




THE EXAMINER



Robert E. Bush Naval Hospital, Twentynine Palms, California

Volume 11, No. 9

"Serving with Pride and Professionalism"

September 2003

Hospital Honors Officers, Sailors, Civilians of Quarter

Highlights...

The Officers, Civilians and Sailors of the Quarter, for the period from April 1 through June 30, 2003, at the Robert E. Bush Naval Hospital were recently selected.



Lieutenant Jonathan Edwards, Nurse Corps, of the hospital's Emergency Medicine Department was named as the Officer of the Quarter.

His citation reads in part, "As a Staff Nurse assigned to the Emergency Department, you established yourself as an expert clinician who consistently provided the highest quality care for all patients. You are recognized by your peers as an exceptional leader, clinician, educator, and mentor. As the Emergency Department's Education Officer, you efficiently managed the detailed organization and monitoring of over 30 training records. You worked tirelessly as the Emergency Nurses Association Director-at-Large to enhance the educational and networking opportunities through your many published articles, classes, and symposiums. Your representation provided a voice for all Navy nurses within the emergency nursing community. Distinctive accomplishments, unrelenting perseverance, and steadfast devotion to duty are hallmarks of your performance."

Petty Officer 2nd Class Ethan McElroy, of Military Sick Call was selected as the hos-



pital and Marine Air Ground Task Force Training Command Sailor of the Quarter.

Please see **HONORS** on page 8

One in seven kids in American schools are the constant victims of bullying and nearly seventy five percent of kids report that they are sometimes the victims of bullies.

page 2

As we leave summer behind and move into the fall, the staff here at Naval Hospital Twentynine Palms (NHTP) has completed many projects directed toward improving patient safety.

page 3

As I depart Marine Corp Air Ground Combat Center to San Diego I want to first start by saying that working as the Health Care Benefit Advisor (HBA) has been an exciting experience for me.

page 5

The Examiner can now be viewed online at: www.nhnp.med.navy.mil

For comments drop an e-mail to: d.barber@nhnp.med.navy.mil

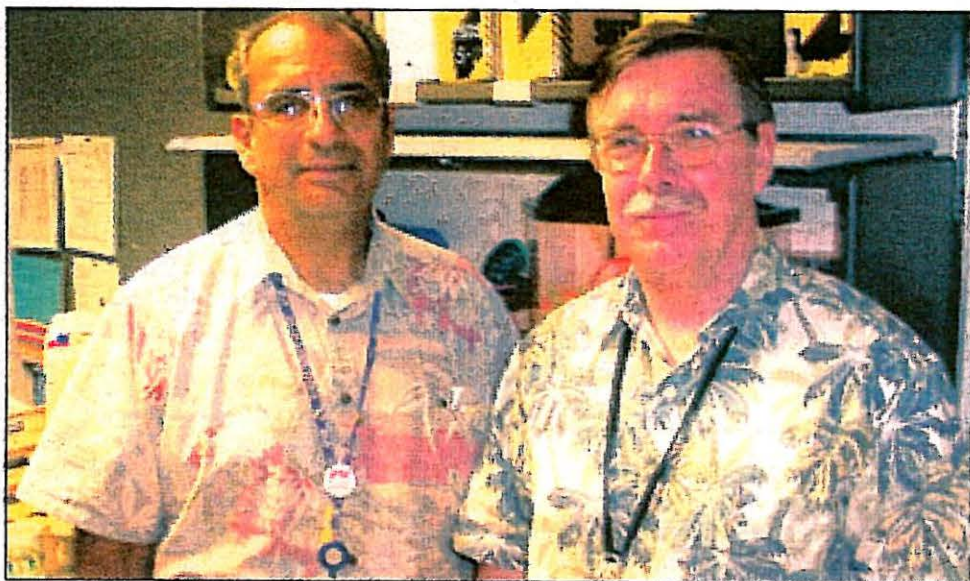
Safety is Job One at Naval Hospital

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Working safely is job number one for the health care team at Naval Hospital Twentynine Palms (NHTP) and the "coach" for that team is Gary Thomas, the command's Safety Manager.

Thomas and his assistant Carmine Scelza, Safety Specialist, have been on the run since January of this year with the goal to make the hospital's Safety Program a model for Navy Medicine. "My goal is to get the safety program to a point that it will run on automatic,

Please see **SAFETY** on page 7



Carmine Scelza, left, and Gary Thomas, right, provide their Safety expertise to the Robert E. Bush Naval Hospital.

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Here's To Your Health...

It's Back to School Time! Protect Your Kids From School Bullies

By Martha Hunt, M.A. Health Promotions Coordinator
Robert E. Bush Naval Hospital

One in seven kids in American schools are the constant victims of bullying and nearly seventy five percent of kids report that they are sometimes the victims of bullies. Why is this important you ask? It is important because bullying leaves lifelong health and emotional scars for everyone involved in bullying. This includes the bully, the victim and those kids who watch others being bullied and are too afraid to speak out or stop it. It is also important because it is the primary cause of school violence, class disruption and chronic low learning levels for many kids.

Bullying can take many forms including physical, verbal, relational and sexual bullying. Physical bullying involves a usually larger child hitting or kicking another child. It also involves the theft or damaging of another child's property or money. Over time, the magnitudes of the physical assaults grow and the bully becomes more aggressive in all aspects of their life.

Verbal bullying involves name-calling, racist, religious based or sexist slurs, insults, and constant verbal teasing. Verbal bullying tends to be quick and efficient at hurting the victim and in many ways is more painful than physical bullying as the damage is targeted to the victims self esteem.

While physical or verbal bullies tend to be boys, relational bullies tend more often to be girls. Relational bullies manipulate their peers to exclude or reject certain individuals from the social group. Relational bullying is usually achieved by brute force peer pressure from the bully or by subtler means such as spreading rumors and lies about the victim so that they are ostracized from the larger group.

Sexual bullying is a form of bullying that is being reported in growing numbers. Included in sexual bullying is everything from sexual assault to sexual jokes and rumors about the victim, rumors about the victims' sexual preferences, graffiti on walls (especially bathrooms), and uninvited touching and physical attention. In one study of girls and boys ages 13 to 17, 85 percent of girls and 75 percent of boys said that they had been the victims of sexual bullying. The same study also found that 25 of all girls skip school or stay home 'sick' because they are the victims of sexual bullying.

Who are the bullies, who are the victims, and who are the kids in the middle? Kids who are bullies tend to be physically larger or stronger than the victims and tend to have power over a group so that the victim can be isolated from the group, making it easier to prey on the victim. Bullies can usually be identified as early as pre-school since bullying personalities are set by age eight. Bullies have unusually strong needs to control social situations as well as individuals, have no sense of remorse for hurting others, do not take responsibility for hurting others, and very often are the victims of bullying by one or more of their parents. Also, by their early 20's, over 60 percent of all bullies have a criminal record of some sort. Children who are bullies also grow up to experience more substance abuse, alcoholism, and mental illness problems and to need government social services more. When bullies reach adulthood, they are also more likely to inflict bullying on their spouses, kids and coworkers.

Who are the victims? Victims of bullying tend to be physically smaller than their classmates and they tend to stand out in some way by being perceived as 'different'. The victim may also be simply new kid in school, a common occurrence in a military town.

Who are the kids in the middle? The kids in the middle tend to fall into two groups. One group consists of kids who are never bullied but who see it taking place and are too afraid to tell some one or to stop it themselves. The second group of kids in the middle are the kids who have been bullied themselves, and who then resort to becoming a bully to defend themselves. It is into this group that children like the ones at Columbine fall into. They see that violence is the only option open to them to resolve the social problems they face.

What to do when bullying is suspected? If you think that your child is either a bully or being bullied, don't ignore it! If your child is being bullied, his or her emotional and physical health is at risk as well as their learning potential in school. Kids who are being bullied can't escape the bully. Children do not have the ability to guarantee their own safety, they rely on adults for that.

Anger Management Classes Held at Hospital

The Robert E. Bush Naval Hospital's Mental Health Department is conducting monthly Anger Management Classes every third Wednesday from 1 to 2:30 p.m., in the Mental Health Department Group Room.

All eligible beneficiaries are welcome to attend this class. It is requested that participants should check in at least 15 minutes prior to class start time.

If you are told that your child has been bullying another, don't ignore it! Remember, a child who bullies will remain a bully through life and may very possibly end up with a criminal record or worse if not given help to curb his or her anger issues. Also remember that a child's bullying patterns are usually well set by the age of eight, so early anger and social skills management can help immensely to curb these behavior patterns.

Leave the lines of communication open between you, the school and your kids. Ask them who are the bullies in their school since kids are always aware of who is the bully, even if they are not bullied themselves. If your child is accused of bullying or is the victim of bullying, investigate the situation with your child's school so that the situation can be resolved.

The worst thing to do in cases of bullying is for the school and parents to ignore it. In the past bullying was seen as a natural part of growing up, of children simply learning social skills and jockeying for social status. We now know that bullying leaves lifelong scars and that kids who grow up bullying others will carry that behavior with them to adulthood, inflicting it on their family, kids, and coworkers. Parents and schools that actively encourage self esteem and conflict resolution skills in children are enabling kids to go to safe schools, to develop healthy relationships with their peers and to grow to their fullest potential in life.

Kick the habit and learn to become tobacco free!

The Naval Hospital Health Promotions Program offers tobacco cessation classes.

Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start Sept 9. Call now before it all goes up in smoke!

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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I leave you with TRICARE Tips

From HM2(SW/FMF) Richard Mascioni
Robert E. Bush Naval Hospital

As I depart Marine Corp Air Ground Combat Center to San Diego I want to first start by saying that working as the Health Care Benefit Advisor (HBA) has been an exciting experience for me. It has been a pleasure working with the Marines, Sailors and Family Members of this community. My replacement is HM2 Sonya Rainbolt, she can be contacted at 830-2978.

I want to leave all of you with some Do's for TRICARE.

Do: Enroll in TRICARE. This applies to *everyone* including active duty service members. Stop by the HBA office located at the hospital, and fill out an enrollment form. If you have a current TRICARE card issued by Health Net, you are likely enrolled.

Do: Call for authorization anytime you travel away from your primary Military Treatment Facility prior to care. This does not apply to Emergencies. For Emergencies, go to the nearest emergency room or dial 911. "What number do I call for authorization?" The number (800-615-1480) is located on the back of your TRICARE card. You should have a TRICARE card either from Health Net or from the HBA. You must have prior authorization to receiving care or you may end up with the bill.

Do: Change your Region if traveling outside of Region 9 for more than 30 days. This applies to Family Members only. Active duty members will change their region only with PCS orders. When you arrive at your new duty station, call the nearest TRICARE Service Center.

Do: Use your unit mailing address on all civilian hospital paperwork. Never use your home of record address. This will reduce the chance of you not receiving bills and never having any knowledge about it. Remember, it may show up on your credit report.

Do: Keep your TRICARE card with you at all times. On the back of the TRICARE card is the address where all claims should be sent. Everyone is responsible for your own Medical care. Once you get discharged from the hospital, you should always contact TRICARE to see if they have all the billing data correctly.

Do: When receiving bills from where you received your service call them and ask exactly what is it that they need. The majority of the time all they need is an address where they can send the claims. This will save a lot of your time and the Navy or Marine Corp's Time.

Do: Visit the TRICARE website at www.tricare.osd.mil There is an abundance of information regarding your benefits. This website is for you.

Hopefully, these tips will help you have a better understanding of your TRICARE benefits.

Patient Safety...

Building on Our Success

By Lt. Daniel Anthony, Risk Management Advisory Committee
Robert E. Bush Naval Hospital

As we leave summer behind and move into the fall, the staff here at Naval Hospital Twentynine Palms (NHTP) has completed many projects directed toward improving patient safety.

In the first half of 2003, we presented each of the six national patient safety goals and included a discussion on specific steps we took to bring ourselves in line with the national goals. This is not to say that all our work is now behind us. Putting these six goals into action requires an ongoing effort on our part to continually reassess our environment and our practices. Discovering new and better ways to handle routine care includes a strong effort to follow through with each item of patient care such as x-ray and laboratory results.

A newly adopted tool for improvement is the *failure mode and effect analysis* (FMEA) guideline. We have used FMEA in the past regarding the safe and effective use of our patient-controlled analgesic delivery systems. As you may recall, the FMEA model was developed back in the 1960s by the aerospace industry to detect problems before they occurred. The Veteran's Administration National Center for Patient Safety modified the original aerospace plan, tailoring it to the needs of today's healthcare organizations.

Based on our first success with FMEA, the Risk Management Advisory Committee has announced the formation of a second FMEA directed at improving the processes involved in the handling of laboratory tests. Our hospital laboratory receives and analyzes hundreds of blood samples per week. Each sample of blood can have from one to over ten different tests performed upon it. The results of these tests are collected and the data is inputted in a central computerized program. What happens to the test results? How is the patient followed after test data is reviewed?

These are some of the questions driving the next FMEA. As the committee comes together we will conduct an in-depth review of the processes involved in our laboratory testing with an eye on developing new and better ways to manage all the stages involved in laboratory testing—from ordering the lab work to discussing the test results with the patient. In this way, we will be better able to meet all the healthcare needs of our beneficiaries in a more timely, efficient manner.

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LOCATION, DATE & TIME:

Naval Hospital Twentynine Palms
Classroom 3 (behind Family Practice Clinic)
Every Monday 10 a.m. -noon
Breast Education Center 830-2501



Hard Chargers...



Lt. Kevin Brown of the Family Practice Clinic receives a Navy and Marine Corps Commendation Medal from Capt. Lynda Salmond, Commanding Officer, Robert E. Bush Naval Hospital.



HM3 Realine Bautista is presented a Certificate of Appreciation from the Navy League of San Diego by Capt. Salmond.



MS2 Barbara Beavan of the Nutrician Management Department receives a Navy and Marine Corps Achievement Medal, (gold star in lieu of second award), from Capt. Salmond.



Lt. Ramiro Munoz, receives a Navy and Marine Corps Commendation Medal from Capt. Salmond.



Lt. Cmdr. Kimberly Zuzelski, Department Head of the Nutrician Management Department receives a Letter of Appreciation on behalf of her staff from Capt. Salmond.



HM3 Leona Elzy of the Family Practice Clinic is frocked to Petty Officer 3rd Class by Capt. Salmond.



HN James Glass of Occupational Therapy receives appreciation from Capt. Salmond.



HM3 Casey Bice receives a Navy and Marine Corps Achievement Medal, (gold star in lieu of second award) from Capt. Salmond.



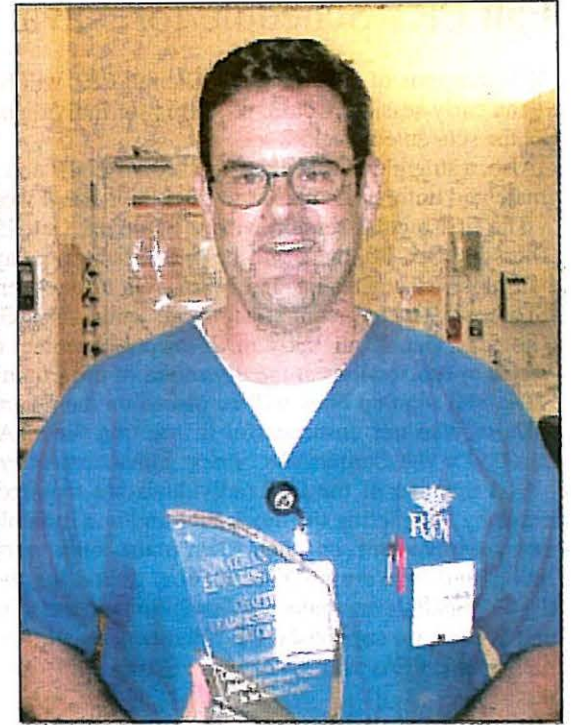
Lt. Cmdr. Robin Parker of the Navy and Marine Corps receives appreciation from Capt. Salmond.



Lt. Cmdr. Candace Cornett of the Physical Therapy Department receives a Navy and Marine Corps Achievement Medal, (gold star in lieu of third award), from Capt. Salmond.



Lt. Cmdr. Sharron Yokley, Customer Service Officer, receives recognition, from Capt. Salmond, for her contribution to the hospital receiving the 2003 Agent's Award for Best Military Treatment Facility in Region Nine.



Lt. Jonathan Edwards of the Emergency Medicine Department received recognition for Nursing Excellence from the Inland Empire Chapter of Certified Emergency Room Nurses.



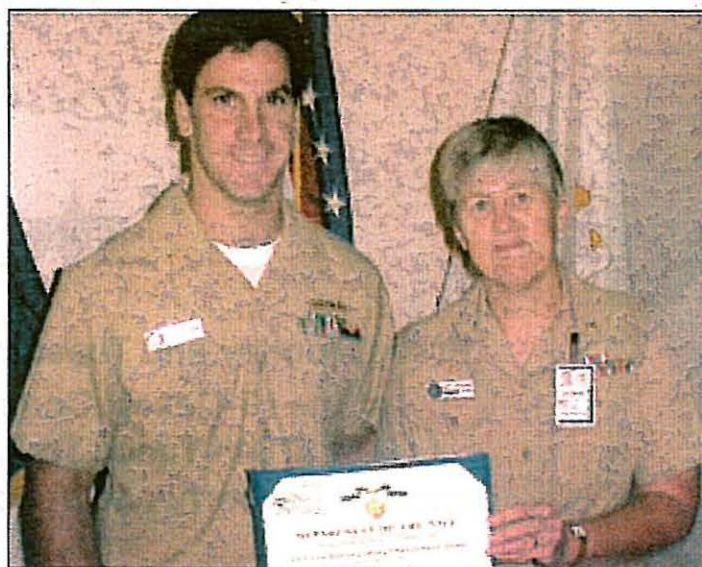
Health receives a Letter of



HM1 Dawn Schadege receives a Navy and Marine Corps Commendation Medal, (gold star in lieu of second award), from Capt. Salmond.



Radiology Department receives Recognition Medal from Capt.



Lt. Cmdr. Marc Fogelson, of Orthopedics Clinic, receives a Navy and Marine Corps Commendation Medal, (gold star in lieu of second award), from Capt. Salmond.



Patrick Dougherty of Facility Maintenance receives a 30 Years of Federal Service Award from Capt. Salmond.

Fall PRT Schedule for Naval Hospital Announced

It's that time of year already! The fall PRT will be held October 25 - 31. There will be an early session, Oct. 3, at 7 a.m., for individuals who will be on leave or TAD during the scheduled week.

Also, a straggler day will be held Nov. 14, at 7 a.m., for those individuals who had a legitimate and unforeseen reason to miss the normal week.

The first regular session will be Saturday, Oct. 25, at 7 a.m. Monday Oct. 27, through Thursday Oct. 30, there will be three sessions a day for individuals doing the mile and a half run, 6:30 and 8 a.m., and 2 p.m.. On Friday there will be two sessions, 6:30 and 8 a.m.

Three 450-meter swim sessions are tentatively scheduled for Tuesday, Oct. 28, through Thursday, Oct. 30, at 9:30 a.m. If the pool becomes unavailable these sessions may be converted to run sessions at the discretion of the Command Fitness Leader.

The PRT sign up book will be placed on the Quarterdeck in September.

Those who are unsuccessful in meeting the PFA standards (both PRT and BCA) are enrolled in the Command's Fitness Enhancement Program (FEP).

As a member of the FEP individuals are required to be monitored on a monthly basis either by completing the mock PRT and/or a monthly BCA. Individuals who show continued improvement on their own must only participate in the monthly monitoring. Individuals who are not successful at improving their fitness situation are then placed in the Command's mandatory PT program and are to muster at 6 a.m., Monday, Wednesday, and Fridays for supervised PT. Members are ultimately removed from the FEP after completing two PFAs with an overall PRT score of Good Low or better and within BCA standards.

DEERS Verification Changes for Unremarried Former Spouses

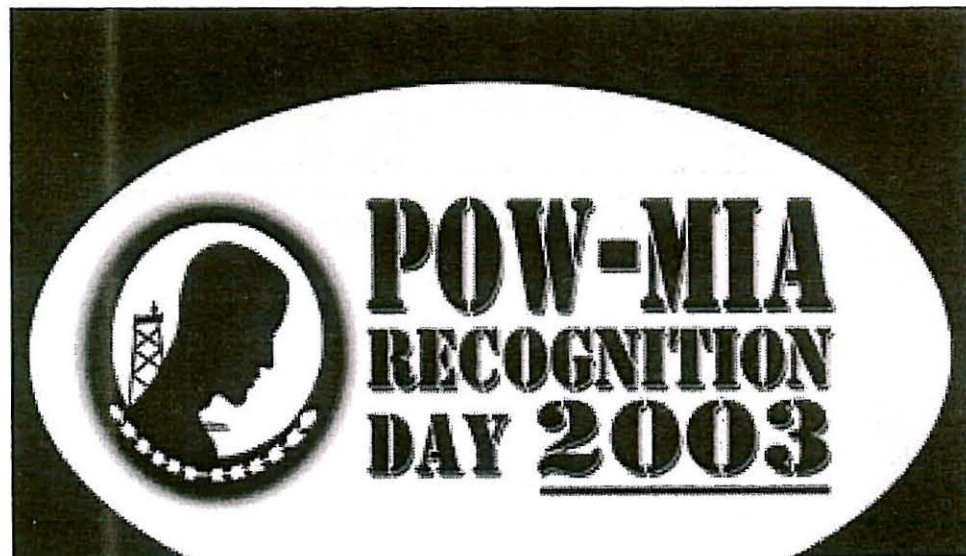
The Social Security number (SSN) used to verify TRICARE eligibility in the Defense Enrollment Eligibility Reporting System (DEERS) for unremarried former spouses is changing. Starting Oct. 1, 2003, DEERS will reflect TRICARE eligibility for these beneficiaries using the unremarried former spouse's own SSN and not the former sponsor's. Health care information will be filed under the unremarried former spouse's own SSN and name. These beneficiaries will now use their own name and SSN to schedule medical appointments and to file TRICARE claims.

The current Uniformed Services Identification and Privilege Card, DD Form 1173, held by the unremarried former spouse is still valid until it expires. Upon renewal, the unremarried former spouse will be issued a replacement Department of Defense/Uniformed Services Identification and Privilege Card, DD Form 2765.

The Defense Manpower Data Center Support Office is sending a letter to all beneficiaries affected by this change. The letter explains the new DEERS eligibility verification procedures and serves as official notification from DoD regarding this change. The letter does not, however, provide proof of continued eligibility for TRICARE health care benefits.

After Oct. 1, 2003, unremarried former spouses may contact or visit the nearest identification card issuing facility (locations may be found online at <http://www.dmdc.osd.mil/rsl>) for questions or assistance.

Unremarried former spouses should always keep their DEERS information current and up-to-date. For questions regarding their medical records, they should contact the Military Treatment Facility and medical records department where their DoD medical records are stored.



"It's on the Internet" Doesn't Make It So

By John D. Banusiewicz

Defense Information School, Fort George G. Meade, Md.

Some time after TWA Flight 800 went down off Long Island, N.Y., in July 1996, journalist Pierre Salinger damaged his credibility, perhaps irreparably, by claiming to have a "secret government document" that proved the U.S. Navy shot the airliner out of the sky. As it turned out, his document was nothing more than a letter, written by an airline pilot, that had been circulating freely on the Internet for months. Perhaps sensing his credibility could only be restored if his allegation proved to be true, Salinger apparently had no choice but to further embarrass himself by hooking up with a gang of professional conspiracy theorists to put together a "report" that was wholly refuted by the government and widely ridiculed for its shabbiness by professional news organizations.

No babe in the woods, Salinger was President Kennedy's press secretary and worked for ABC News for many years thereafter. But if a heavy hitter like that can fall victim to believing something because he found it on the Internet, what about the relative neophytes who are military journalists? The World Wide Web can be a great research tool, but like any tool, it can be dangerous in the hands of someone who doesn't know how to use it right.

Journalists being burned by using questionable source material without cross-checking it is nothing new. But the Internet makes it easier than ever for anyone to "publish" anything, so it has exponentially expanded the body of questionable source material that's out there. It's easy for a sloppy researcher or someone with an ax to grind to package bad information well, thus giving it the appearance of being credible. When we did most of our research using printed sources, source credibility was easier to establish because it was harder for purveyors of nonsense to reach the mass market. That's not the case any more.

A Web site credibility test at <http://ic.mankato.mn.us/~mercutio/creat/credmain.html> (no longer available) can show you how susceptible you may be to falling for bad information on cleverly packaged Web sites your search engine turns up. The test takes you to seven different sites and asks you to determine which ones are credible and why. It's not especially scientific, and passing the test doesn't mean you're in no danger of being fooled. But it does stimulate you to put some healthy skepticism to work, which is a good habit to develop.

Of course, the best defense against getting bad information from the Web is to stick with sites you'd expect to be credible and to verify information you plan to use by visiting other credible sites or through more traditional means.

(Banusiewicz is Editors Course coordinator at the Defense Information School, Fort George G. Meade, Md.)

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Upcoming Diabetes Class Schedule

The Internal Medicine Clinic of the Robert E. Bush Naval Hospital offers a series of "Diabetes Self-Management Classes."

The schedule of classes is as follows:

Protein in the diet: Types of foods, recommended amounts, and effect on kidneys
Sept. 18, from 3 to 4 p.m.

All classes are held in the Family Practice Clinic Classroom 3.

Anyone with diabetes or interested in learning more about diabetes is welcome to attend.

For more information call Lt. Julie Lundstad at 830-2175.



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Depression and Pregnancy Workshop

Every Thursday in the Mental Health Clinic
Conference Room of the Robert E. Bush Naval
Hospital from 12:30 to 2 p.m.

For more information call 830-2584 or 830-2935

SAFETY...

Continued from page 1

safety practices second nature in all of their daily activities," he added.

Thomas reported to work at NHTP in January of this year just before the survey team from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Navy Medicine's Inspector General (IG) visit. Thomas joined Scelza's efforts in the Safety Office and immediately formed an important team for the command's successful effort in acquiring its JCAHO certification and passing the IG inspection.

Thomas' background is perfectly suited for his job here. He graduated from Robinson Senior High School in Tampa, Florida in 1971 and immediately joined the United States Air Force. Thomas spent four years on active duty where he worked as a Ground To Air Communication Repairman, and then spent two years in the Air Force Reserves.

Following his service, Thomas enrolled at the University of South Florida where he earned two degrees, one in Medical Technology and the other in Industrial Engineering.

Thomas then received a commission in the United States Navy Medical Service Corps as an Industrial Hygiene Officer in 1986. His first assignment was at the Lafayette River Branch Medical Clinic in the Fleet Support Division at Norfolk, Virginia. He was then assigned to the U.S.S. Hunley (AS-31) as the ship's first full-time Industrial Hygiene and Safety Officer. Thomas then went to Duty Under Instruction at the University of North Carolina at Chapel Hill where he completed a Master's Degree in Environmental Engineering in 1990. He was then assigned as the Department Head of Occupational Health at the Patuxent River Naval Hospital. Thomas then went to the Naval Safety Center where he worked in the Shore Safety Directorate as the Division Head for Industrial Hygiene and Environmental Security.

His final duty assignment before retiring from active duty was at the Shore Intermediate Maintenance Activity at Pascagoula, Mississippi. Thomas retired as a Lieutenant Commander in December 2002, the following month he reported to work here.

In addition to the numerous personal awards that Thomas earned during his career, his leadership enabled his command to earn three Chief of Naval Operations Mishap Prevention Awards and two Secretary of the Navy Safety Awards (small industrial category).

Thomas is married to the former Dorothy Wilson. While not busy at work Thomas enjoys "hacking" at golf, bowling, reading and sightseeing with his wife.

Healthwatch...

Hereditary Hemochromatosis --Iron Overload

By Aveline V. Allen, Bureau of Medicine & Surgery

WASHINGTON (NNS) -- Do you get enough iron in your diet, or are you getting too much? If you have too much iron in your body, it could be a sign of hereditary hemochromatosis (HH), or hereditary iron overload.

According to the American Hemochromatosis Society (AHS), this is a common genetic disease. AHS medical experts report that HH is a significant contributing factor to heart disease, liver disease, cancer, arthritis, diabetes and in some cases, even premature and avoidable deaths.

"Because the early manifestations of HH are so vague, this is one of the most common undiagnosed medical disorders," said Cmdr. Christopher Culp, Navy Medicine specialty leader for internal medicine. "This is unfortunate as it is completely treatable."

In an effort to treat this disease and ensure you are receiving adequate amounts of iron, medical screening should be done to determine if you are at risk for HH. If diagnosed with HH, AHS medical experts recommend not taking iron or vitamin C supplements, or consuming raw seafood or shellfish.

"Anyone with a first-degree relative who has been diagnosed with HH should be screened," added Culp.

AHS recommends healthcare providers screen individuals over 18 years old to determine present iron storage level. It is also recommended that children between the ages of two and 18 years old have an iron profile every two to three years, if they have a relative who has been diagnosed with HH.

There are several tests that can be done to determine if a person has HH. Some of these tests include DNA analysis, liver function tests, liver biopsy and glucose and hepatitis screenings.

If HH is diagnosed, your doctor will ensure proper medical treatment is administered for your symptoms. This will vary from person to person. According to the AHS, an individual with HH should have their storage iron level brought to 20 ng/ml.

Further information on this disease can be found at www.americanhs.org.

For related news, visit the Navy Medicine Navy NewsStand page at www.news.navy.mil/local/mednews.

HONORS...

Continued from page 1

His citation reads in part, "As the Senior Corpsman, Explosive and Ordnance Detachment (EOD) and assistant Leading Petty Officer for Military Medicine, you have been a strong leader in supporting the overall mission of the Naval Hospital. You trained the Military Medicine watch center supervisors with keen dedication, resulting in high productivity and esprit-de-corps. Your rapport with the team members of EOD, coupled with the outstanding medical coverage provided, was unsurpassed, as evidenced by the many accolades received from the EOD Officer In Charge. During a time of critical manning shortfall, you expertly managed the responsibilities of two work centers with exceptional professionalism and dedication. Your meticulous attention to detail, superior drive, and vast knowledge greatly contributed to the mission of the hospital."



Linda Deutsch, a Registered Nurse assigned to the OB/GYN Clinic was named as Senior Civilian of the Quarter.

Her citation reads in part, "Assigned as a Registered Nurse, OB/GYN Clinic, you displayed outstanding clinical and professional expertise. Your dedication and skill facili-

tated the smooth and efficient operation of the clinic, ensuring patients received the best care possible. You trained departmental personnel and have also been an exceptional teacher for new obstetrical patients. Very involved in command education, you coordinated Basic Life Support classes to ensure certification of hospital personnel. You frequently sought new responsibilities and challenges such as taking on Postpartum Care Clinic appointments and helping with Depo-Provera injections."

Petty Officer 3rd Class (FMF) Samuel Ramirez, of the Physical Therapy



Department was named as the Junior Sailor of the Quarter for the Naval Hospital and the Marine Air Ground Task Force Training Command.

His citation reads in part, "Assigned as General Duty Corpsman, Physical Therapy Department, you performed your duties in a professional and exceptional manner. Your ability to diagnose, evaluate, and treat acute knee and ankle injuries resulted in over 1,800 patients receiving timely and quality care. During periods of staffing shortages, your initiative, dedication and drive allowed the Physical Therapy Department to continue offering the highest level of care to all

patients at our hospital and our three satellite clinics. As a member of the Command Color Guard, you served proudly on two funeral details, the Memorial Day Ceremony, and Morning Colors. In addition, you volunteered numerous off-duty hours to provide support to over 200 Reserve Marines completing their gas chamber qualifications."

Hospitalman Ericka Reyes of the Family Practice Clinic was selected as the hospital's Blue Jacket of the Quarter.



Her citation reads in part, "While assigned to the Family Practice Clinic, you consistently performed your duties with the highest degree of pride and professionalism. You contributed significantly to unit cohesiveness by demonstrating quick initiative and strong leadership skills, while supervising two corpsmen. You were instrumental in the training, orientation, and precepting of three new personnel, ensuring they were ready to take on the challenges of a very busy clinical environment. You performed the roles of Leading Petty Officer and Assistant Leading Petty Officer on numerous occasions, displaying sound direction, organization, and management traits normally seen in more senior Sailors. Your

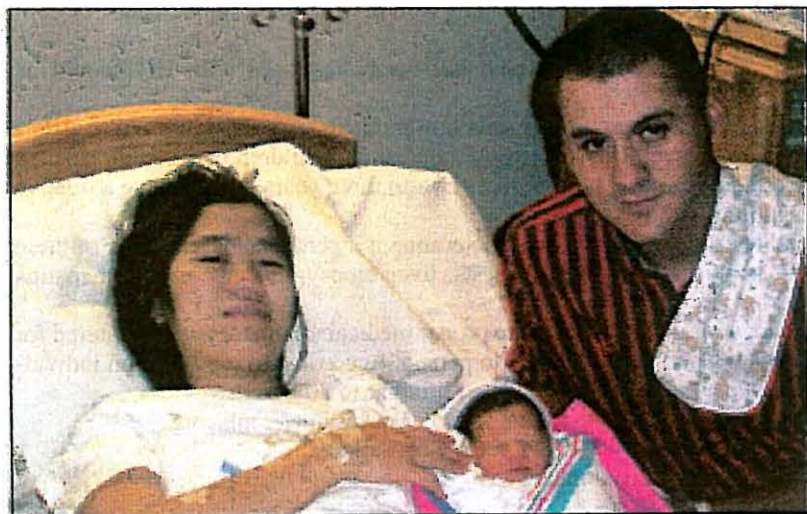
actions contributed immensely to the camaraderie and teamwork within the command and ensured the success of numerous command sponsored fund-raisers and social events, most notably, the recent Hospital Corps Birthday Ball."



Annie Guerrero of the Housekeeping Department was named as Civilian of the Quarter.

Her citation reads in part, "While assigned as Housekeeping Aid, Operations Management Department, you superbly performed a variety of tasks in an outstanding and commendable manner. Patients and hospital staff have benefited from your zealous spirit, devotion to duty and dedication to satisfying hospital customers. You have continually provided immaculate turnover of labor rooms in a timely manner. During periods of under staffing and while Housekeeping was subjected to a stressful A-76 study, you maintained uncompromising, professional services. Dedicated to community service, you volunteered your personal time to local schools and church activities."

A First and Last at the Naval Hospital



Sgt. Lucas and Sarunya Jimenez, left, with daughter Gwendolyn, who was born August 14, are the first customers of the hospital's New Beginnings Birthing Unit.

Cpl. Cassandra Weaver, right, with son Nickalos, who was born on August 13 was the last customer of the hospital's old Labor and Delivery Department.

